

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/009570** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	7			1		
6	/		/			
7	1		/			
8	0		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	0		/			
18	0		/			
19	0		/			
20	0		/			
21	0		/			
22	0		/			
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26	0		/			
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	18					
TOTAL CLAIMS	26					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS